

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000058798

**Entity Name:** SHADOW-CASTER LED LIGHTING LLC

**Current Principal Place of Business:**

2060 CALUMET ST  
CLEARWATER, FL 33765

**Current Mailing Address:**

2060 CALUMET ST  
CLEARWATER, FL 33765 US

**FEI Number:** 27-0426664

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROGERS, C. BRIAN  
3070 DOXBERRY CT  
CLEARWATER, FL 33761 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ROGERS, C. BRIAN  
Address 3070 DOXBERRY CT  
City-State-Zip: CLEARWATER FL 33761

Title MGRM  
Name POUND, JEFF T  
Address 9232 80TH AVE N  
City-State-Zip: SEMINOLE FL 33777

Title MGRM  
Name WAITE, BRIAN  
Address 6845 FINAMORE CIRCLE  
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR OF SALES  
Name FRITZ, NEIL  
Address 11335 111TH AVE. N.  
City-State-Zip: SEMINOLE FL 33778

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** C. BRIAN ROGERS

**OWNER**

**04/29/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date